

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

LSD

C. Date of Delivery

8/30/07

Address different from item 1?  Yes  
Delivery address below:  No

CLERK  
US DISTRICT COURT MD GA  
P O BOX 124  
COLUMBUS, GA 31902

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes2. Article Number  
(Transfer from service label)

7006 2760 0005 4873 7934

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004